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Original Communications.

A CASE OF DISLOCATION OF THE HIP-JOINT BY  
MUSCULAR ACTION.

Read before the Boston Society for Medical Improvement.

By CHARLES D. HOMANS, M.D., Boston.

THE case of John Scannell was for many years well-known to the profession in this city, and a full history of it was published in the JOURNAL for May 17, 1855, by the late Dr. John C. Warren. From this published report, and from the records of the Massachusetts General Hospital, the following has been drawn up :—

In February, 1848, Scannell, who was a house-servant, and then in perfect health, was called on to shovel a large quantity of snow ; and, the next day, was attacked with intense pains in the pelvis and loins, for which he was bled, and otherwise treated, but without relief. In March, he entered the hospital under the care of Dr. Warren ; he was in a hectic condition, and with such intense pain as to require, on the night of his arrival, one grain and a half of the sulphate of morphia. The pain, which extended the whole length of the lower extremities, was neuralgic in character, and there was also pain in the rectum. The slightest touch was insupportable, so that it was impossible to examine the back, and the limbs were examined with difficulty. Notwithstanding the use of air pillows, and other appliances, the sacrum and the back of the heels became extensively ulcerated.

May 26th, the left lower extremity was found to be inverted, and the patient himself could not move it. Pain at length subsided, and he was taken out of bed, but could not support himself. As he improved, it was obvious that the left hip-joint was dislocated and ankylosed, although there had never been any violence to explain this very remarkable condition. The other hip and the knee were also stiff, and it was thought that the whole might be owing to muscular contraction. On the 28th of August, therefore, the joints were forcibly flexed and extended, under ether. The left hip was found to be immovable, and the whole extremity so distorted as materially to interfere with his walking. The right hip-joint had a very limited motion, and the knee was bent with difficulty. This operation of passive motion had been performed twice previously, as it was several times subsequently, during his stay in the hospital.

After this he improved much in his general health ; but on the 28th of September, when he walked out into the grounds, with an attendant, for the first time, dislocation was unequivocal. On the 15th of Feb-  
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ruary, 1849, an attempt at reduction was very carefully made with pulleys; and afterwards a second attempt was made, but without the least effect.

On the 14th of March, as the limb was not improving, and as great inconvenience was experienced from its interfering with the other, Dr. Warren sawed through the bone an inch and a half below the apex of the trochanter major, and, everting the limb, brought it into a natural position. From the effects of this operation, which were quite severe, he soon recovered; and on the 25th of May, the wound was closed, but the lower extremities continued to be stiff, and especially the right hip-joint and knee. On the 18th of the following October, therefore, and in order to prevent a permanent ankylosis, the left knee was forcibly bent, and the adhesions gave way. The whole limb was then flexed, extended and rotated at the false joint, and with a moderate application of force; the right knee was then flexed and extended; all attempts, however, to move the hip-joint were for some time fruitless, but at last the contractions gave way with a loud crack.

After this last operation, his walking improved, his health became good, and on the 8th of August, 1850, he left the hospital.

In March, 1855, Dr. Warren called to see him, and found him able to walk about with a crutch and a cane. A perfectly erect position, he could not assume. The right hip-joint was very stiff, but the motions of the knee and ankle were perfect; the left hip-joint was also very stiff, and though the patient seemed to feel a motion in it, the pelvis was moved when the force was increased on either side, so that, on the whole, it seemed impossible to determine whether there was actually any motion in either hip-joint. The left thigh was plump and round, and considerably larger than the right; and the left foot was turned neither inwards nor outwards. There was no pain in any part of the lower extremities, but, from the first, he had never been free from pain about the junction of the sacrum and coccyx, though there was no sensibility there on pressure.

Dr. Warren regarded the diagnosis as obscure in some points, but concluded that the primary attack was an inflammation of the spinal membranes; that the nerves of the lower extremities were affected in consequence, and the contraction of the limbs followed accordingly; that the dislocation was a consequence of the spasmodic action of the muscles, and that the stiffness, which affected the false joint as well as the other, was, as it had been, of a rheumatic character.

From the above date (1855) until his death, which occurred in October, 1872, at the age of 57 years, Scannell enjoyed excellent health, and exercised abroad freely; but he was always obliged to use a crutch and a cane. Pain in the lower part of the spine, however, was nearly constant, and it extended somewhat to the region of the kidneys. When he took cold, this increased, extending the whole length of the spine, more or less, and throughout the entire length of the lower extremities; but there was never any in the head or upper extremities. The power of motion in the knees was very slight, and it was not certain that there was any more in the right hip joint than in the left. When seated in a chair, he supported himself upon the front part of the seat, with both lower extremities fully extended; and his back seemed equally stiff. About a year before his death, diabetes came on, and under this he gradually sank.

Permission having been obtained to examine the left hip-joint, Dr. Wm. L. Richardson removed the greater part of the os innominatum, with the the upper part of the femur. The specimen was then prepared by Dr. Thomas Dwight, Jr., and the following appearances were noted:—

Partial dislocation upwards and backwards, and strong, bony ankylosis, one half or more of the acetabulum remaining as a free and open cavity. The outline of the section of the bone, that was made by Dr. Warren nearly twenty-four years before the death of the patient, is satisfactorily traced through the middle of the great trochanter, and through the junction of the neck of the bone with the shaft; the neck of the femur is drawn upwards, and directed forwards. The shaft or lower fragment, as it may be called, is drawn upwards and backwards, united very broadly to the neck and to the remains of the trochanter major, and terminates in a broad, rounded prominence, that is on quite nearly as high a level as the trochanter itself. The shaft is flexed on the pelvis to an angle of about  $45^{\circ}$ , and abducted to nearly the same degree. Altogether, the union of the two fragments makes a very broad and thick mass of bone.

A section having been made, by Dr. Dwight, through the pelvis, the middle of the head and neck of the femur, a portion of the great trochanter and the upper extremity of the lower fragment, the bone is seen generally to be very much atrophied; the upper and prominent extremity of the lower fragment being, to a considerable extent, quite hollow, and surrounded by a thin and delicate shell of bone. There are, also, smaller cavities in the head and neck of the bone and in the great trochanter. The head of the bone, the outline of which is pretty distinctly traceable, is of fair size, but somewhat altered in form, the outer lamina of bone being, for the most part, exceedingly thin and delicate. Where the lower fragment joins the neck, and in the line of Dr. Warren's section, is a mass of very hard and compact bone, three or four lines in thickness, and extending two-thirds of an inch or more inwards, tapering to a blunt point, and, to some extent, separated pretty definitely from the surrounding cancellated structure. This compact bone extends into the neck, though much diminished in thickness, and forms, posteriorly, its outer wall; and, so far as can be judged, without cutting the bone through, it extends far backwards, forms the connecting medium between the lower fragment and the neck of the bone, and is the chief means of support to the lower extremity. The substance of the ilium is less atrophied than the femur, and gives considerable support to it by overlapping the neck to some extent, and by a prolongation of bone within the remains of the cotyloid cavity. The shaft of the femur, so far as perceived, is of full size, and healthy in structure, but the parietes, where sawed across, are thin.

The following case may be mentioned in connection with the above, though there may be a question in regard to the nature of it. A gentleman, now 43 years of age, had, when he was 10 years old, measles, followed by scarlatina, and that by intense pain in the right hip joint. For this last, he kept his bed for three months, and was then only able to crawl about the room. The thigh became flexed upon the pelvis, and it was evident to one of our best surgeons that the head of the femur was upon the dorsum of the ilium, though there never had been,

and never were subsequently, the usual symptoms of hip-disease—as external discharges, for instance. For a year, he was in poor health, and kept his bed, with an apparatus upon the limb for the purpose of straightening the knee.

The limb is now shortened about two inches, and very slightly inverted. The head of the bone is distinctly felt upon the dorsum of the ilium, and of full size. All the motions of the joint are free and perfect, excepting eversion.

The possibility of dislocation of the hip-joint by muscular action has been adverted to, and Mr. Bryant, in his recent work on surgery, refers to a case that came under his own observation.

### A CASE OF UTERUS BICORNIS.

By ALBERT N. BLODGETT, M.D. Harv., Boston.

THE patient, 31 years old, unmarried, servant, was admitted to the First Obstetrical Clinic of the Vienna General Hospital Feb. 1, 1872. She was of medium stature, and of rather more than medium breadth of body; of strong, muscular build, and called herself perfectly well. She was pregnant, but could give no account of the duration of the pregnancy, nor of any of the phenomena usually connected therewith. She entered the hospital only because she was no longer able to perform her duties as house-servant. She reported a previous confinement, but her account of it was very confused, and it seems most probable that it was a miscarriage at an early period. She had never been ill.

Feb. 2d.—Upon palpation of the abdomen, a tumor was felt in the right side, occupying the whole of this side, as high as the liver, and extending inwards as far as the median line, to the right of which it was scarcely to be felt. In the left side of the abdomen, nothing abnormal was to be detected, excepting the overreaching border of the tumor in the right side. The outline of the tumor converged from a broad, rounded base near the liver, toward the inlet of the pelvis, and was lost under the pubes.

By internal examination, the os uteri was felt very far backwards, and was directed toward the left side. It was a simple cone, with hardly a trace of fissure from previous confinements; and through the anterior vaginal wall the head of the child was very distinctly felt. The space of Douglass was filled by a tumor, which felt like a mass of feces in the rectum, but examination with the finger proved the bowel to be empty. The tumor was movable to a certain extent by the fingers in the rectum, and felt smooth and somewhat softer than a fibroid. The parts were not painful, nor was the patient in any way disturbed by the examination.

She was kept in bed, and twenty-four hours later labor-pains were present. The os dilated very slowly, and in twenty-four hours was only large enough to admit two fingers. Examination again determined a head presentation, but the presenting part was very high up. On the left side of the internal os was a cavity which admitted two fingers, and was filled by a jelly-like substance, portions of which could be brought away by the fingers. The pains were now very strong and frequent, but the labor did not progress in a satisfactory manner.



At 5, P.M., Prof. Braun visited the case again, and found the os not so much dilated as in the morning; the labor had not advanced at all, and the woman was becoming exhausted. Thirst was intense; the mucous membrane was dry, and the vaginal temperature was  $103^{\circ}$  F. Chloroform was now administered, and Prof. Braun made a more careful examination, and discovered that the tumor in the space of Douglass was the unoccupied horn of a bicornate uterus, the right cavity of which contained a foetus. The walls of the left horn were thickened and soft, but enclosed nothing excepting the soft tissue spoken of above, into which two fingers penetrated, without resistance, a distance of three inches. The junction of the unoccupied horn with the other was situated just above the internal os, and from the anterior and posterior cervical walls, sprang the septum dividing the two cavities. This was thick, with a rounded edge, and extended in a direct line from before backward. In the right uterine cavity could be felt the unbroken foetal membranes, and through them the head of the child. The form of the uterus was, therefore, as represented in the accompanying wood-cut.

A deformity of the pelvis was now discovered, consisting of a conjugate diameter of only two and a half inches, which at once accounted for the delay in the labor, and the high position of the head. Forceps could not be applied, and Prof. Braun performed turning, with considerable difficulty, bringing down the right foot first, when by gentle traction the trunk soon followed. The delivery of the arms was very difficult, and occupied some time, the child, meanwhile, making strenuous efforts at respiration. The head was now engaged in the narrow portion of the pelvis, and could not be extracted. Forceps were unsuccessfully applied, and after their removal delivery was again attempted by manual assistance, and after very strong traction was accomplished. The child was profoundly asphyxiated, but was restored after half an hour of artificial respiration. The placenta did not follow the child, but remained in the uterus, and could not be removed either by manipulation from without or by injection of cold water into the vessels of the cord, and there was a slight hæmorrhage from the vulva. It was necessary to introduce the hand into the uterus, when the placenta was easily removed, and the bleeding at once ceased. Five grains of powdered ergot were, however, given at the same time, and the patient was placed in a warmed bed, in a room by herself. The child weighed six pounds and six ounces, English weight.

Feb. 4th, 8, A.M.—The patient has not slept since delivery. The abdomen is swollen, and very tender over its entire surface. Thirst is intense, and there is inability to pass urine. Tongue moist. Temperature  $101.5^{\circ}$  Pulse 100.

5, P.M.—Has slept somewhat during the day, from morphia. Had a slight hæmorrhage, for which ergot (five grains) was given, after which it ceased. Pain over entire abdomen, with slight hacking cough. Temperature  $101.4^{\circ}$ . Pulse 92.

Feb. 5th, 8, A.M.—Thirst diminished, and abdomen less painful



than yesterday. Milk is present in the breasts this morning. Tongue moist. Temperature 100·6°. Pulse 100.

5, P.M.—Pain in abdomen diminished, and cough not so troublesome. Soup.

Feb. 6th.—Patient steadily improving; less pain than yesterday.

Feb. 9th.—No pain in abdomen. Cough very slight. Patient has considerable appetite, and sleeps well. Pulse 80.

Feb. 11th.—Uterus not to be felt over pubes. Appetite good.

Feb. 16th.—Discharged, well.

Portions of the soft contents of the left uterine cavity were given to Prof. Wedl for microscopical examination; he pronounced it "typical decidua." It is interesting to notice its presence in that cavity of the uterus which had not contained a fetus, as seeming to indicate that the formation of decidua does not depend upon a stimulation or irritation due to the presence of the ovum in the uterus, as has been thought, but that it may take place quite independently of the contact of the impregnated ovule. It may not be amiss to call attention to the fact that in a large proportion of cases of uterus bicornis which have been carefully noted, other forms of imperfect development have been associated with it, the most frequent of which was lack of union of the lateral halves of the upper lip, hard and soft palate, the absence of portions of the perineum, and, finally, certain other rarer forms of deficient union of corresponding lateral portions of the body. The whole body has a tendency to be broad and short.

That uterus bicornis is a deficiency of development is proved by the fact that the female genito-urinary tract in the early part of foetal life consists of two canals (canals of Müller), which unite laterally from below upward, the central wall between the two passages disappearing to form the vagina and uterus, while the upper portions continue separate and form the Fallopian tubes. The presence of a septum in the uterus or vagina is, therefore, not a hyperplastic formation, but an indication of an interruption of the proper union of the two primary genito-urinary canals from which the uterus and vagina are developed. In cases of complete separation of the uteri, where two cervixes present into a single or a double vagina, only one of the uterine cavities is generally capable of conception, the other remaining in a more or less infantile condition during life. The causes which produce the deformity spoken of are totally unknown. They operate at so early a period of intra-uterine existence that the study of them is one of peculiar difficulty.

Unlike certain other forms of faulty development, as, for example, a superfluous number of fingers or toes, the bicornate uterus is not known to be hereditary. In health, the subjects of this deformity are not from this cause more sensitive to general diseases than other individuals. The menstrual function is somewhat oftener deranged than in women who are normally developed.

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LARGE CALCULUS.—"Mr. Pelling shows me the stone cut lately out of Sir Thomas Adams, the old comely Alderman's body, which is very large indeed, bigger, I think, than my fist; and, which is very remarkable, he never in his life had any fit of it, but lived to a great age without pain, and died at last of something else, without any sense of this in all his life."—*Pepys's Diary*, 1668.

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## Progress in Medicine.

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### REPORT ON OTOLGY.

By J. ORNE GREEN, M.D.

*Incision of the Posterior Fold of the Membrana Tympani.*—The position of the membrana tympani, which is altered in many ways by disease, can always be best determined by an examination of the short process of the hammer. As the membrane itself is drawn inwards, the manubrium of the hammer goes with it, and, as a consequence of this, the short process is pressed more and more outwards, projecting as a whitish knob into the meatus. The result of this movement of the process is that folds are formed in the membrana tympani, running horizontally forwards and backwards from the bone and appearing as sharp, well-defined lines. This position of the membrane, with the projection of the short process outwards, and with well-defined anterior and posterior folds, is seen in cases where the Eustachian tube has been closed for some time, where the tympanum contains mucus or serum, or where there has been gradual retraction of the mucous membrane and tensor tympani muscle from long continued chronic inflammation.

In the more acute cases, the inflation of the tympanum with air, and the treatment of the inflammation, if necessary, by astringent injections, is sufficient to cure the disease and to restore the membrane to its normal position. In cases of longer standing, however, it is sometimes found that, after the Eustachian tube is made pervious and all inflammation has subsided, the membrane still remains drawn in, or, when forced out by air from behind, immediately returns to its abnormal position, owing to the folds of the membrane having become so thickened from the preceding inflammation, that they act as ligaments to retain the hammer in its malposition.

To relieve this unnatural tension of the drum-membrane, Lucæ and Politzer, independently of each other, proposed to divide the posterior fold, and the operation is now generally accepted and successfully performed. Suggested by Lucæ, at first, as specially indicated in the cases of thickening of the drum-membrane, without secretions or active inflammation of the tympanum, where the posterior fold was very prominent, the operation is now used both by him and others in the acute cases where there is mucous and serous secretion, and in which the tension of the posterior fold cannot be overcome by inflation.

In his monograph on the subject, Lucæ recognizes the difficulty of diagnosing an abnormal tension, since the drum-membrane is known to be variously curved (drawn in), in different individuals with perfectly normal hearing, but the appearance of a prominent fold or folds running from the short process he considers perfectly pathognomonic of unnatural tension, at least in the upper part of the membrane. The operation of dividing the posterior fold is easy, as it is performed on a part of the membrane readily visible. The pain is, as a rule, slight and soon over, but it occasionally lasts for a few hours after the operation. The operation can be best done with a lance-shaped knife, bent at an angle with its handle, so that the hand of the operator does

not interfere with his vision. The incision should be made as near the short process as possible, in order to avoid the long arm of the incus, and, where it is desirable to evacuate secretion from the tympanum, should be prolonged nearly to the middle of the membrane. Immediately after the operation, the upper part of the membrane is perceptibly relaxed, and the whole membrane is less curved. The bleeding is generally very slight; but where the bloodvessels running from the meatus to the manubrium are markedly injected, a considerable quantity of blood may run into the tympanum, but this is soon absorbed without injury. Generally, an immediate improvement in the hearing follows the operation, although where blood has been effused into the tympanum, absorption must take place before the improvement is perceptible. Subjective noises disappear, in some cases entirely and directly; in others, they change their character or become less loud. After the operation, the ear is closed with charpie, and the patient directed to remain quiet for the rest of the day. With this treatment, Lucæ has never seen a purulent inflammation follow. The wound generally heals within twenty-four hours, and, after two or three days, inflation of the ear, either by Politzer's method with the air-bag, or by Valsalva's method, consisting of tightly closing the nostrils and forcing the air into the ears, should be practised systematically several times a day for several weeks.

Lucæ's tables of 48 operations in 45 cases are of interest:

VARIETY.	NUMBER OF OPERATIONS.	DECIDEDLY IMPROVED.	SLIGHTLY IMPROVED.	NOT AT ALL IMPROVED.
Cases without adhesions,	14	7	7	0
Otitis media adhesiva,	27	5	11	11
Cases with secretion,	7	6	1	0
	48	18	19	11

The first cases are those where the inflation brought out the membrane, but it immediately returned on account of the tension of the posterior fold. The second class includes those with adhesions, in many of which the whole lower part of the drum-membrane was adherent to the promontory, a most unpromising condition. The third class includes the more acute cases where there was secretion in the tympanum. It is worthy of remark that in no cases where the operation failed was the previous existing degree of hearing injured, and in most of the failures the deafness was of so long standing and so extreme that disease of the nervous structures was very probable.

*Tenotomy of the Tensor Tympani Muscle.*—Closely connected with the preceding class of cases, in which the posterior fold of the membrana tympani serves to retain the membrane in an unnaturally tense and abnormal position, are those in which the same result is produced by a pathological retraction of the tensor tympani muscle, which is inserted about the middle of the hammer, and which normally serves, in a degree, to accommodate the membrane to the perception of high tones by slightly increasing its tension. Where any of the conditions already mentioned as producing a drawing inwards of the membrana tympani have existed for a long time, this muscle may become retracted and serve as an insurmountable obstacle to the restoration of the membrane to its proper position. These cases were several years ago

described by Politzer as "secondary retractions of the tensor tympani muscle;" since then, Weber-Liel (*Monatschrift für Ohrenheilkunde*) has introduced the operation of tenotomy of the tensor tympani; the operation has been warmly advocated by Gruber (*Wiener Medicinische Zeitung*), and has been performed many times by both of these gentlemen and by others.

The operation has, as yet, been performed only in cases of long-standing disease, where the hearing power had been reduced to a minimum, and was undertaken chiefly with the view of diminishing the intra-labyrinthine pressure, the result of the retracted muscle. Weber-Liel uses for the operation a hook-shaped knife attached, at nearly a right angle, to a shaft which revolves by means of a ratchet and wheel in the handle; perforating the membrana tympani just in front of the short process, the knife is passed into the tympanum, hooked over the tendon, and the tendon divided by rotating the shaft. Gruber uses, instead of the complicated knife of Weber-Liel, a lance-shaped knife slightly bent at the point, which he inserts in front of the short process and there divides the tendon directly, by transfixion.

On account of the frequent difficulty of reaching the anterior segment of the membrane, which is necessary in both of these methods, and from the fact that the course of the muscle is somewhat backwards as well as inwards, I suggested (*Transactions of the American Otological Society*, 1873) entering the tympanum behind the short process with a knife slightly curved forwards, and then dividing the tendon; this operation I have done several times successfully. The inflammatory reaction after the operation, in any of these methods, is as a rule slight; although occasionally a slight purulent inflammation has resulted, generally traced to carelessness on the part of the patient. The after-treatment consists in the use of inflation to force the membrane outwards, and to prevent the severed ends of the muscle from again uniting. The wound in the membrane heals perfectly within a few days, and generally without leaving any scar.

The only complete statistics of the operation, that is, all the cases operated upon, failures as well as successes, are those of Bertholet, done with Weber's knife (*Transactions of the American Otological Society*, 1873). In sixteen operations on thirteen patients, the subjective noises ceased entirely in seven and were diminished in intensity in three more; in the other six, there was no improvement in the noises. In six of the cases, there was more or less improvement in the hearing. He closes his article as follows: "We have come to regard tenotomy of the tensor tympani muscle as a valuable aid in allaying annoying subjective symptoms, of doubtful utility as a means of improving impaired hearing." It should, however, be borne in mind that the cases in which the operation had been used were desperate ones, not amenable to any other treatment, and, so considered, the results are very encouraging. A few isolated cases, which have been reported, where the operation was done in the earlier stages of disease, seem to point to a brilliant future for the operation, as a means of relieving the delicate nervous structures of the ear from a pressure which must eventually paralyze them if allowed to continue.

[To be concluded.]

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### Bibliographical Notices.

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*An Introduction to Practical Chemistry; including Analysis.* By JOHN E. BOWMAN, F.C.S. Edited by CHARLES L. BLOXAM, F.C.S. Philadelphia: Henry C. Lea. 1873. Pp. 339.

THE present edition of "Bowman's Practical Chemistry" is the sixth American from the sixth and revised English edition.

The contents of the book are divided into five parts and an appendix. The first part, containing ninety pages, treats of the gases, those experiments which are usually performed to illustrate their properties being described in such a manner as to enable the student to perform them himself on a small scale, and thus render him familiar with those substances which, formerly, he only heard treated of in the lecture room. Fortunately, however, the manipulation with gases is not, in these days, confined exclusively to the lecture room, but is taught practically in nearly all of our larger laboratories, and chapters upon this subject are being introduced into most of the text-books on practical chemistry. This part of the book also contains chapters on glass-blowing, the use of the blowpipe, specific gravity, and the heating of substances in gases, subjects which are very important for the laboratory student.

The second part treats of the special properties of the metals and non-metals in their usual forms of combination. Here the principal tests are concisely but accurately described, and this part is a necessary preliminary to the part upon qualitative analysis. The only criticism upon it, or, in short, upon the whole book, is the entire omission of chemical reactions, which afford the student so much assistance in gaining a knowledge of the chemical changes which take place during the performance of an analysis.

The third part, which consists of a systematic course of qualitative analysis, has been thoroughly revised. This part renders the work of great value as a laboratory text-book. The system of analysis adopted is, mainly, that of Fresenius, but is preferable to the latter for ordinary use, since it is less bulky, easier to refer to, and yet contains everything of importance.

The fourth part treats of quantitative analysis in about fifty pages. The operations in gravimetric and volumetric analysis are described, and a few of the most familiar examples are given. This part is of value only as a sort of introduction to quantitative analysis, and is by no means a complete treatise upon that subject.

The fifth part gives a description of the various reagents in use.

The appendix contains very valuable tables, among which may be mentioned some of the analytical tables translated from "Will's Tables," a table "showing the action of reagents on oxides and acids," and one "showing the solubility of salts," the last being especially valuable to the student in qualitative analysis as a table for reference.

For completeness, the book is all that can be desired, and the rigid exclusion of unimportant, non-practical matter makes it one of the most valuable laboratory text-books which we have, and does away with the objections to the more bulky works, like those of Fresenius and Galloway, the latter, even, having grown too voluminous for convenient laboratory use. E. S. W.

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*Essays on the Diseases of Children.* By WM. HENRY DAY, M.D., Member of the Royal College of Physicians, London; Physician to the Samaritan Free Hospital for Women and Children. London: J. & A. Churchill.

THREE of the papers contained in this little book originally appeared in the *St. Andrew's Graduates' Association Journal*, the *Lancet* and the *British Medical Journal*; the remainder were read before the Harveian Society of London.

The opening chapter, entitled Introductory Remarks on the Study of



Children's Diseases, is full of sound advice and cannot be too highly praised.

In the second paper, the author describes a condition often met with in children, especially in the out-patient departments of hospitals, of pure and simple debility, without disease in any particular organ, and not necessarily to be looked upon as an expectant symptom upon which to build a diagnosis of trouble to come. For such a condition, he claims a special classification under the ailments of children, to which he would give the name debility, at the same time confessing that great caution is required, as the unaccountable debility, in the absence of any discoverable disease, may be the harbinger of mischief to start up hereafter. Still, these cases, with prompt and proper tonic treatment, usually terminate well.

Chapter Third is devoted to the so-called remittent fever of children, and on the febrile state in general. The author disavows any belief in infantile remittent fever as caused by a separate and distinct poison, or that the disease differs in its nature or causes from that of typhoid fever, and can conceive of no greater blunder in medical practice than to consider this a separate and distinct affection, not following the same course as typhoid fever, and not leading to the same complications. At the same time, he believes that the above term would be a better expression for mild cases, running usually a rapid course and not developing into the severe and unmistakable typhoid. Thus applied, there would be no danger of misunderstanding; but we think the author has failed to show sufficient advantage to be gained by thus needlessly adding to the nomenclature of children's diseases, and by thus changing that now generally adopted by the best writers, who have discarded the name of infantile remittent fever, including it under that of typhoid fever, where it has every reason to belong. We have no desire by this criticism to detract from the general excellence of the whole chapter. It is pervaded by a frankness and honesty of conviction characteristic of the whole book.

Chapter Fourth contains the report of a very interesting case of obscure cerebral disease, with remarks; followed by an essay, in two chapters, upon headaches in children.

The last two chapters treat respectively of laryngeal and tracheal irritation in children and of croup.

The subjects treated are all interesting in themselves. The essays are the result of the large experience of a careful and accurate observer. We have read them with pleasure, and cordially commend them to the profession.

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*The Physician's Dose and Symptom Book, containing the Doses and Uses of all the principal Articles of the Materia Medica and Official Preparations, and many Tables.* By JOSEPH H. WYTHES, A.M., M.D. Eleventh Edition. Philadelphia: Lindsay & Blakiston. 1874.

THIS book is either too large or too small. It is larger than is necessary to contain such information about doses as a practitioner might possibly want in a hurry. It is far too small to contain any really useful account of symptoms, pathology and treatment, such as is here attempted. It might, perhaps, be useful as a system of mnemonics to a man with a well-filled brain and treacherous memory; but we think few men would dare to frequently consult such a work in the sick room; and, outside of the sick room, and in the presence of other books, its value would be at a minimum.

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MECHANICAL CONTRACTION OF THE UTERUS.—Sir James Simpson used to mention a custom among some savage tribes, where, on the approach of labor, a stake was driven into the ground and a long rope attached to it; the distal end of this rope, was wound around the patient's body, and she herself gradually turned round so as to be brought nearer to the stake as the labor progressed, thus insuring an efficient following up of the uterus upon the descending child, thereby preventing post-partum hæmorrhage.—*British Medical Journal*.

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**Boston Medical and Surgical Journal.**

BOSTON: THURSDAY, APRIL 2, 1874.

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SCIENTIFIC circles in the old world are at present considerably exercised about the relative advantages of cremation and inhumation as a means of disposing of dead human bodies. The discussion of such a question would probably be considered premature in our longitude; and, even if experts in sanitary science demonstrated the benefits to be derived from the funeral pyre or the funeral blast-furnace as compared with the custom of consigning dust to dust after the traditional method, we doubt if the revival of the Roman fashion would take root here.

But there is a question for us of practical importance connected with dead bodies, antecedent, however, to their final disposition. We allude to the registration of deaths. The subject has been repeatedly referred to in our pages, and some years ago a pretty sharp discussion occurred about the merits of the registration law in this State, in so far as it concerns the rights and privileges of physicians. It is time the matter was again ventilated. The law remains, just as it was enacted originally; and no modification that we are aware of has been made in its conditions, obligations and penalties. Whether its spirit and letter are executed is an open question. We cannot answer for the doings of physicians in the State at large, but certain facts have come to our knowledge showing that many medical men in this city are either very careless or very ignorant in their way of giving death-certificates. An investigation into the history of some of the cases reveals a degree of inaccuracy in assigning the causes of death such as to seriously compromise any inferences from the registration returns. We have in mind one case, for example, in which the certificate stated the cause of death to have been scarlatina; this certificate was based on the following facts: the patient was a child of three months; it went to bed in perfect health, nursed as usual in the night, and when morning came, it was found dead by its mother, by whose side it lay. The doctor, called immediately, was at a loss to account for the death; he did not think, or did not want to think, that the mother might have overlaid the baby, so he looked about him for a more remote cause of death, and this cause he found in the reported occurrence, some weeks before, of a light case of scarlatina, a number of houses distant, from which there had been no chance of infection. If statisticians hereabouts were able to trace their figures to original sources, they would append to their labored computations the needed

direction :—" These conclusions are not to be accepted without discretion on the part of the reader."

It is presumed, nevertheless, that registration is useful in many ways, and the number of physicians who would favor the abolition of all regulations in the matter of recording deaths must be very small. It is admitted, also, that a certain amount of inaccuracy must attend the practical execution of the statute ; for physicians, who sign death certificates, cannot be infallible in the matter of diagnosis. Moreover, the fallacy of that clause of the statute which directs that " any physician, having attended a person during his last illness, shall forthwith furnish " a certificate, has been forcibly pointed out in the *JOURNAL* in times past, and the law is shown to be ridiculously loose in defining the " last physician of the deceased," and in imposing penalties.

All this admitted, we still hold that the registration of deaths subserves a useful purpose ; and it is worth while to repeatedly remind physicians to exercise due care and intelligence in making certificates of death. If the law is at fault in its looseness, or in its stringency, it may be amended ; meanwhile, the occasions when medical men will be brought to answer for wilful disobedience of the present law will be very infrequent, if they ever occur. But registration suffers less from the conscientious scruples of doctors to whom the law appears impracticable, than from the easy indifference of other doctors who care little what their certificate declares, so long as they believe that the document is buried in the registrar's office on the same day that the subject thereof is buried in the ground. We appeal to both these classes of medical men in behalf of the *spirit* of the law, and we would extend the appeal to the profession throughout the State.

We observe, in passing, that the Board of Health of Boston are endeavoring to improve the system of registration for a long time in vogue in this city. That part of the City Registrar's department which has to do with the recording of deaths has been placed by the City Council under the control of the Board, and it is proposed to see whether the lax way into which registration has fallen may not be changed for the better. Obviously, the physicians of the city can help or hinder the reform, as they incline. We trust that the inclination will be toward coöperation with the Board of Health.

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Our late English exchanges contain full and exceedingly interesting reports of the proceedings of the various medical societies in London. There appears to be a refreshing revival in these associations, and we cannot help wishing that the spirit manifested in their meetings might soon cross the ocean and alight in the hall in Temple Place, in Boston,

to revive the medical conclaves which are wont to stately hold their hypnotic meetings there.

The Clinical Society has devoted several meetings to the discussion of pyæmia in private and hospital practice, the debate having been initiated by the President, Mr. Prescott Hewett. Many excellent addresses have been made by the representative surgeons, and the end is not yet.

In the Pathological Society, an interesting discussion on cancer was begun at the meeting of March 3d, and was adjourned to another meeting.

The Obstetrical Society, having concluded a prolonged and animated consideration of Dr. Barnes's method of controlling post partum hæmorrhage by injecting perchloride of iron into the uterus, has had a matter of Society discipline and precedent to decide. Mrs. Garrett-Anderson, the well-known, irrepressible female physician, the only woman on the British medical register, knocked at the door for admission to fellowship; but the Society, after a long and enthusiastic debate, gave the lady leave to withdraw by a nearly unanimous vote that "the Bye-laws do not admit of the nomination of female practitioners to the Fellowship of the Society."

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OVARIOTOMY UNDER DIFFICULTIES.—Dr. S. G. Stevens writes to the *Medical Times and Gazette* of March 7, 1874, from Rio Bueno, Valdivia, Chili, an account of an operation for the removal of an ovarian tumor performed by himself in the backwoods of South America. The operator showed great skill in the use of the few instruments he could command, and of such materials as he could find at hand.

The patient was an Indian woman, about 38 or 40 years of age, married, who had borne nine children, and who lived near the Lake of Ranco, in the great forests at the foot of the Cordillera. Dr. Stevens first saw her in January, 1871, having passed her hut to ask for lodgings for the night. She was lying in one corner of the hut, on her bed of sheepskins, evidently suffering greatly. She said that, about five years previously, she had had a quarrel with another woman, who had suddenly disappeared from the neighborhood, and that ever since her belly had been swelling; that the other woman had bewitched her, and that unless she could find her—for the Indians believe that the person who has caused them the evil can cure them—or some remedy, she would go on swelling, burst, and die. She was suffering from great dyspnoea. Her countenance was livid, and the abdomen, of enormous size, fluctuated distinctly. Dr. Stevens told her he thought he could take out the evil, and her husband consented to the trial. The intention was to make an exploratory incision, and extirpate the tumor, if possible; if not, to tap and close up the wound. Dr. Stevens set about preparing for the operation, while a messenger was sent four days' journey to obtain chloroform. The instruments were a trocar, made from a piece of bamboo, about ten inches long, hollowed out,

and sharpened to a point at one end, and at the other connected to a piece of India-rubber tubing from an enema syringe; the instruments from a "Charrière" pocket-case, and a pair of craniotomy forceps. The assistants were a Catholic Missionary, two Indians, and a half-blood. The ligature was of raw hide, with two pieces of wood fastened at the ends, in order that more power could be used in pulling it tight; and at the time of using it was to be dipped in warm neats-foot oil.

Jan. 25th.—After the hut had been heated, and the patient brought under the influence of chloroform, the operation was begun. An incision four inches long was made in the linea alba down to the peritoneum. The wound having been dried with cotton wool, a small incision was made in the peritoneum, when the fluid gushed out like a fountain into the face of the operator. On enlarging the incision, the tumor presented. It appeared solid at first, but a point of fluctuation was discovered. On the introduction of the trocar, the fluid ran well at first, but gradually became thicker, and after the tubing had been disconnected it soon ceased to flow from the bamboo tube. On enlarging the opening, another cyst was found which was emptied in the same way as the first, and on introducing the hand behind the tumor, it was found free in every part. The craniotomy forceps were applied, and the wound being extended a little at its upper part, the tumor came out upon the board, which was in readiness for its reception, and behind it a rush of ascitic fluid. The pedicle was rather long, but flat; the raw-hide ligature was applied to it, and tightened by means of the two pieces of wood, pulled by the two assistants on each side of the body until it was almost buried in the parts, and then made fast with two lasso-knots, the ends cut off, and the whole dropped into the cavity. The cavity was mopped out with cotton wool, and the wound closed with fine, iron-wire sutures, and a superficial, continuous suture of silk. Water dressing was next applied, and a warmed flannel roller passed twice round the body. Consciousness returned before the patient could be removed from the table, owing to the priest not attending to the chloroform, being too much occupied with, and astonished at, the operator's movements. Great exhaustion followed, but, under the use of stimulants, the patient rallied.

Dr. Stevens remained in the neighborhood twelve days, during which time the patient for the most part did well. The first pair of sutures were removed Jan. 28th, and day by day one or more was removed, until the ninth or middle one was taken out.

February 26th, the wound had entirely healed, but she complained of pain in the left side near the pubes. Rest, good diet, and care as to the state of the bowels were ordered.

March 15th.—She could stand at the door of the hut to receive Dr. Stevens. Had no pain, but was still very weak.

June 28th.—She came from the lake to the village of Rio Bueno to see her physician—a day's journey through the forest. The menses had returned, and she was quite well.

The patient continued well till Dec., 1872—nearly two years—when she, with her husband, went to the funeral of a relative, drank and became intoxicated. On passing a river, her horse stumbled and fell, and she was drowned.

The tumor consisted of five large cysts, and many smaller ones. Weight, without the fluid, thirteen pounds and a half.

Dr. Stevens had never seen the operation of ovariectomy, nor read any special work on the subject. He had nothing to direct him but the short account given in Tanner's "Practice of Medicine."

**APOLLINARIS WATER.**—The Apollinaris water belongs to the class of effervescent alkaline waters. It is not incorrectly described as a "natural effervescent mineral water of great purity, very agreeable flavor, and valuable dietetic qualities." The analysis of Bischoff, of Bonn, shows it to be a water intermediate in composition between the famous waters of Selters-Brunnen and Kränchen at Ems. But it has advantages over both of these.

Apollinaris water is certainly the queen of table-waters. It is softer and more refreshing than its only rival, Selters water (Nassau: Selters-Brunnen), and is more pleasant to the palate. Over all manufactured aerated waters, it has an incomparable superiority. The coarse chemistry of the laboratory can never rival the refined operations of nature, and in nothing is this more apparent than in comparing the attempts which are made even by the best manufacturers to imitate natural effervescent waters. The Apollinaris water is one of peculiarly happy constitution, and, skilfully bottled as it is under pressure at the Brunnen, it has all the sparkling qualities which alone make artificial waters tolerable—for what is more intolerable than the rapid flavor of artificial aerated water if the injected gas which disguises its crudity be allowed to pass off?—with the amenity and purity of a water in which antacid qualities are cunningly infused by the master hand of nature.

It is, moreover, a water of great organic purity—another highly important desideratum in which artificial aerated waters often dangerously fail. Its place seems, therefore, marked as the favored beverage of the favored classes, who can select their drinking water. Its outlandish name is, perhaps, a little against it at first, but, no doubt, after a little time, "a bottle of Apollinaris," and "Apollinaris and Hock," "Apollinaris Cup" will be as familiar as "S. and B." Already, we believe, it is beginning to be known in some of the clubs by the affectionate diminutive "Polly." Physicians will find it a valuable addition to their resources, as a cool and refreshing drink, antacid, and useful in promoting digestion and removing gastric irritation. Such a water is the sworn enemy of gout, rheumatism, and their congeners.—*London Medical Record.*

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## The Hospitals.

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### MASSACHUSETTS GENERAL HOSPITAL.

(Wednesday and Saturday, March 18 and 21, 1874.)

**OPERATIONS** were performed in the following cases:—Stricture of the Urethra, Felon, Cyst, Necrosis, Caries, Foreign Body in the Ear, Hæmorrhoids, Pannus. During the week, Hip-joint Dislocation, Stricture of the Urethra and Perineal Abscess, Railroad Injury of Foot and Ankle-joint, Railroad Injury of Leg and Knee-joint, Compound Comminuted Fracture of Elbow-joint, Talipes Varus, Strangulated Femoral Hernia.

*Stricture of Urethra*—of gonorrhœal origin, and with retention of urine, in a man thirty-three years old. It had existed between four and five years, and once before had been the cause of retention. The present attack came on after lifting and carrying a heavy piece of beef on his shoulder; on entrance, the retention was treated successfully by rest and opiates, without any attempt to pass an instrument into the bladder. In addition to a tight stricture, a false passage existed. Under ether, a filiform bougie was with difficulty made to enter the stricture. The "divulsor" of Voilemier was then attached to its extremity and passed into the bladder. Dilatation was



accomplished with the larger tube, and an elastic catheter (No. 12) was introduced, to be left for forty-eight hours.

*Felon*—of nine weeks' duration, on the thumb of a woman. The extremity was club shaped and perforated with fistule that communicated with dead bone. The thumb was split transversely from its end to the first joint and the last phalanx removed. The two flaps were then adjusted by sutures.

*Cyst*—in the supra-orbital region of a child six years old; congenital, and about the size of a grape. It was remarked that congenital cysts in this region, from their great mobility, often seemed so easily removed that attempts were sometimes made to excise them without ether, proper instruments or assistants; but, as a rule, they are deeply adherent and required a good deal of dissection to effect their removal. In the present case, the firm adhesion of the cyst to the periosteum and surrounding tissues substantiated this statement.

*Necrosis of Femur*—of long standing, in a young man, following an attack of fever. Fistulous openings on the inner and outer aspects of the thigh communicated with the diseased bone, and there was considerable deformity of the leg, due to the proximity of the disease to the knee-joint, which was not ankylosed, though motion was very limited. The opening on the outer side of the thigh was enlarged, and some large, flat scales of dead bone were removed from the inter-condyloid space; the bony cavity was found to communicate with the interior of the external condyle, but the joint was not involved. The opening on the inside of the thigh was enlarged, to permit free drainage.

*Caries*—of the os calcis, in a young man. Dr. Clark divided the heel longitudinally, and exposed a portion of the inferior and posterior surface of the bone. The diseased region was removed by the gouge and chisel.

*Foreign Body in the Ear*—of a child five years old. The substance had become firmly impacted, and the external meatus somewhat lacerated by persistent efforts for its removal before admission. Under ether, the half of a bean was removed, the other half having been destroyed by previous efforts at extraction. Injudicious attempts to remove foreign bodies without ether and with improper instruments were stated to have been often followed by impairment of hearing, and, occasionally, by death, from the extension of the subsequent inflammation to the brain and its membranes.

*Hæmorrhoids*—in a man. Transfixed and ligatured by Dr. Clark.

*Pannus*—in a child, involving the inner canthus; it had commenced to encroach upon the cornea. Excised by Dr. Cabot.

*Dislocation of Hip-joint*.—On Sunday, another attempt to effect a reduction of the dislocation reported in the JOURNAL of March 12th was made with pulleys, in combination with vertical traction and direct manipulation. A repetition of the manœuvres there mentioned was again practised for an hour or more, and was again followed by unsuccess. No additional light was thrown upon the source of difficulty in reduction.

*Stricture of Urethra; Perineal Abscess*—in a man seventy years old. He has an enlarged prostate, and twice before has been a patient in the hospital: the first time, nine years ago, for retention of urine, when he was relieved by the catheter; the second, about a year since, with perineal abscess, which was opened. It shortly afterward healed, with no contraction of the urethra. Three hours before he entered the hospital this time, there was a sudden and complete stoppage of the urethra, which would not admit even a filiform bougie; opiates and the hot bath gave some relief, but the bladder soon after became so much distended that it was evacuated with an aspirator, over the pubes. A perineal abscess followed, which was opened by Dr. Clark, and found to be located by the side of the urethra; the latter was opened in the perineum, and a large elastic catheter passed into the bladder.

*Railroad Injury of Foot and Ankle-joint*—in a man twenty-two years old. There was a compound, comminuted fracture of the tarsal and metatarsal bones; the soft parts were extensively lacerated and the ankle-joint opened. Amputation in the lower third of the leg was performed by the circular method.

*Railroad Injury of Leg and Knee-joint*—in a middle-aged man, with great laceration of the leg and lower part of the thigh, extending into the popliteal space and opening the knee-joint. The muscles of the calf were ground up with sand and the inner condyle was fractured. Both bones of the knee-joint were denuded of cartilage, pieces of which were found distributed through the wound in the calf. The thigh was amputated just above the middle by the flap method.

*Compound, Comminuted Fracture of the Olecranon, with Injury to the other Bones of the Elbow-joint*—in a man of forty-eight years, from the kick of a horse. The opening in the soft parts was small. Excision of the entire joint was performed by a straight incision.

*Talipes Varus*—in a boy eight years old. The tendo Achillis, also the tendon of the tibialis anticus, and the plantar fascia were divided subcutaneously.

*Strangulated Femoral Hernia*—in a woman forty years old. Between three and four years ago, she had a strangulated hernia of the same variety on the opposite side, which was operated on successfully. Taxis, under ether, was employed without avail. Herniotomy was then done by Dr. Clark. The omentum was found adherent to the sac and enclosing a knuckle of intestine, which had not sloughed, but was of a cherry color. The stricture was tight, and required division before the bowel could be returned.

H. H. A. BEACH.

#### BOSTON CITY HOSPITAL.

THE following surgical operations were performed last Friday, March 27th:—

Dr. Cheever performed Tenotomy in a case whose history was as follows. The patient was a child, three years old. At the age of eleven months, it fell from its cradle; and this was the only accident to which the present trouble could be traced. The child never walked, before or after the accident; its locomotion consisted in a shuffling movement upon the hands and buttocks. It never had pain. There were never any constitutional symptoms, pointing to hip disease.

When the patient entered the hospital, March 18th, inst., the following symptoms were present, in addition to the condition above described. The left lower extremity showed shortening of about two inches, eversion, grating about the false hip-joint, and partial flexion and abduction of the thigh, the left foot, when at rest, taking a position across the middle of the right leg. Under ether, the motions of the hip were free; but when the limb was forcibly straightened, the muscles of the anterior femoral region—the rectus and adductors—were thrown into prominence.

In the matter of diagnosis, Dr. Cheever remarked that the absence of any constitutional symptoms and of local signs, such as abscess and pain, would exclude disease of the hip. There was left, therefore, a chronic dislocation of the head of the femur upon the dorsum ilii, with rupture of the external slip of the Y ligament.

Dr. Cheever stated that there was a question between doing Mr. Adams's operation of section of the femur, followed by partial rotation of the shaft to bring it into line for reunion, and the tenotomy of the muscles which held the bone in malposition. He rejected the former; first, because there was no bony ankylosis; second, because of the attendant risks of abscess and other local troubles, a risk emphasized by the irritation resulting already from manipulation of the parts. He accordingly divided the tendons attached to the anterior superior and anterior inferior spines of the ilium (rectus, sartorius) and those arising from the ramus of the pubes (adductors). The limb was to be extended by weight for a month; and if section of the bone was then indicated, it could be done.

Dr. Thorndike performed Staphylorraphy in the case of a girl, aged eighteen years, with congenital cleft palate. The fissure involved the uvula, soft palate and palate bones.

Dr. Thorndike said that, preparatory to the present operation, he had a short time before divided the elevator muscles of the palate and the anterior and posterior pillars, so as to remove the tension on the parts and to allow of easier approximation of the refreshed edges; by this procedure, the uvula was paralyzed as to motion. The edges of the fissure were pared from above downward. An incision was made on each side through the mucoperiosteal tissue of the roof of the mouth, and this tissue was raised from the bone. Finally, sutures were passed, uniting the edges of the fissure, beginning at the uvular part, and leaving a portion of the opening through the hard palate to be closed by a subsequent uranoplasty, when the other parts shall have become united and their nutrition established.

Dr. Cheever performed Resection in a case of Compound Fracture of both bones of the forearm in an adult. The fracture was a fortnight old; the bones were broken in the middle third, the compound opening being at the ulnar side in front. A burrowing abscess necessitated an exploration of the parts. No beginning of union of the bones was found, and they were denuded for an inch. The fractured ends were accordingly exposed and sawed off smoothly, shortening the forearm two inches. The part was then placed in a tin splint padded with oakum.

Other operations were—Tattooing of the Cornea, by Dr. Wadsworth; Amputation of a finger for circular-saw injury, removal of a small Fatty Tumor of the cheek, and opening of an Abscess of the Thigh, by Dr. Cheever.

During the previous week, four cases of accidents from circular saws were admitted to the hospital and were treated by Dr. Cheever. In all the cases, the fingers were cut and mangled in various directions. None were injured higher than the metacarpus. Wherever a joint was not opened, or a bone sawed through, the finger was kept on and an attempt made to save it. A circular amputation was done at the metacarpo-phalangeal joint, by cutting around the skin on a level with the web, and thus getting a cuff to cover the bone. The whole hand was placed on a splint, and treated with water dressing.

F. W. DRAPER.

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## Correspondence.

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### LETTER FROM VIENNA.

(From an occasional correspondent.)

VIENNA, February 20, 1874.

MESSRS. EDITORS,—Having reached this city on my European tour, I rejoiced to meet in these distant parts with an old acquaintance in the medical reading room of the General Hospital, as your ably edited and highly interesting JOURNAL presented itself modestly to my view on the table among the many German, French, Italian and Hungarian medical journals. The *Journal of Obstetrics*, edited by Dr. Dawson in New York, and your JOURNAL are the only two American periodicals I found here, and are read with great interest and delight by both Americans and Europeans understanding English. However, this joy alone of having found your estimable paper in this foreign city would not have induced me to express it to you in a letter, especially as we are, I believe, entire strangers to each other; but I thought a hint from me through your valuable JOURNAL to follow the example of the medical school of this city in establishing a medical reading room in connection with our medical colleges in the States, might be of some service to the young students in our country, who are not in a position to procure, out of their own means, costly books of reference, and have not the time to go a distance from college to some public or private library. We have in New York a Medical Journal and Library Association, but it is not connected with any college and costs \$10 a year to each member. Here in Vienna, in the college building, or more properly speaking in the hospital building, where the lectures are being held, a medical library has been established in

this way: each of the professors contributed some books, pamphlets, magazines, &c., to it, and the hospital staff, consisting of about 100 members, contribute each 3 florins a year; added to this, were contributions from private physicians and others. Students of medicine pay twenty-five cents a month, and have the advantage of having a reading room near the lecture room, where they can usefully and pleasantly spend their spare hours.

Your last number received here contains, among others, an editorial on the injustice done by Congress to the Medical Staff of the Army by not removing the impossibility of being promoted, no matter what the officer's merits are. This unwise restriction tends to take away all ambition from young army surgeons to work on in the path of science, and also does great injustice to older surgeons who have sacrificed their best years in the service of their country, and have now for years taken back seats in regard to rank and pay, if compared with other staff officers of the engineers', quartermaster's, commissary, pay and inspector-general's departments. I have myself served as Assistant Surgeon U. S. Vols. for three years during the war, and I can appreciate the feelings of those professional brethren who have to wait ten to fifteen years until they get promoted to a majority, or, if majors, see that their worldly career is ended. They may eat, drink and sleep for the rest of their days, and then die! The word "*Excelsior*" is stricken out of their vocabulary. Thus far and no farther, says the edict of Congress! Once raised to the exalted position of majors, they remain majors the rest of their days, until death removes them to that bourne whence no traveller ever returns. I know several surgeons who have served thirty and forty years in the army and are only majors. Dr. Sloan, Dr. Cuyler, both friends of mine, have each rendered faithful, efficient and valuable services, and are yet majors, their brevets of brigadier generals having been annulled by act of Congress; if I mistake not, all brevet ranks have been abolished. The lamented Dr. Madison Mills, an ornament to the profession and the service, beloved and esteemed by all who knew him, died a major. I could add a dozen more names who would deserve a major-general's rank and pay in the army, but I do not wish to overburden this probably uninteresting epistle by further illustrations. I hope you will agitate this question in your valuable JOURNAL, and others will follow your example. The State, County, and in fact all, medical societies in the United States should urge this measure of proper pay and rank to Congress to the utmost of their influence, without relinquishing their efforts until justice is done.

Yesterday, we celebrated here the seventieth birthday of Prof. Carl Rokitsky, the founder of pathological anatomy, whose reputation for knowledge and science, whose genius and talent are known from one end of the globe to the other. All the European Universities bowed and did homage to the great savant; crowned heads sent him decorations and congratulations. The several thousand students of this University brought him a torchlight procession in spite of the inclemency of the weather. Music and song greeted his ears from hundreds of instruments and thousands of throats. The banquet, given in his honor at the Cursaal in the Stadtpark, was filled with the ornaments of society. Nobility of birth, of accumulated wealth, the representatives of art, science and talent, and genius in all its splendor vied with each other to fill the heart of the hero of the day with joy. May Rokitsky live long and prosper!

RUDOLPH TAUSZKY.

#### LETTER FROM RUSTICUS.

DOWN EAST, March, 1874.

MESSRS. EDITORS,—How in the world do you manage to get along with your business in cities as general practitioners? How do your patients find out what man or woman to apply to when they are sick? When I began to practise medicine, I could pull teeth, amputate a leg, make gruel, pick a speck of gravel out of an eye, pass a catheter, wash ears, turn a baby, give an injection, and so on to the end of the chapter. I haven't forgotten how

to do any of these things yet, and in the trunk that accompanies me in my rounds I carry all the tools that are needed for doing them. From the way city people talk about you city doctors, it is pretty evident that they've got no great respect for your proficiency. When I was in town, I told my landlady I was going to see my old friend G., and get him to wash out some wax from my ear. "Its no use; he only treats lungs." "Well, there's Dr. H. close by." "He can't do it. Bowels is his business." "Dr. I. then." "He can't do it. Nothing but eyes goes to his office." "Can Dr. K. do what I want?" "Why, bless your soul, Doctor, what are you thinking of? Don't you know that he only has ladies under his care?" And so it went on, till I began to think that each organ must have its particular operator, and I wondered how we managed to treat patients here? Some how, they get well.

I should think you'd have a new class of practitioners, whose business it should be to call in patients and decide what particular class of specialist to send for in particular cases. If you can make it fashionable, it will give some new ignoramus an opportunity to get a living that he'll never earn in any other way.

One man, there's no doubt, acquires a certain knack at doing certain things in a certain line; and if he does, that kind of business will necessarily fall into his hands, whether it be in Boston or Down East. But to start with the determination to treat one organ alone, unless it is the eye or the ear, which requires delicacy of touch, it is all nonsense. Of all the humbugs in the way of special practitioners, I know of none quite equal to those who pay exclusive attention to the diseases of those two neighboring passages. I don't mean the nose and mouth. Piles! Fistulas! Ulceration of the uterus! We occasionally have some travelling advertiser, at the tavern, who is "to be in town on the 17th of May and stay a week." He takes away a few dollars and leaves a few bottles, and no great harm is done. But then some faint, pale-looking individual who spends a few weeks in summer with us, gets hold of Miss Nancy, who has become anæmic from living on doughnuts and pies, and makes her think that her pale face comes from an ulcer on the womb, and nobody can cure it but Dr. Speculum. Up to Boston or New York to Dr. Speculum! She never had leucorrhœa; never had anything but dyspepsia, and wouldn't have had that if she'd only let cake and pie alone. But the "mouth of the womb is ulcerated," and caustic is rammed into it, and a sound is jammed into it, and injections are squirted at it, and Miss Nancy comes home with the whites, which she never had before, and Dr. Speculum has a bill of a hundred dollars for finding an ulcer that never existed, and a uterus which didn't lie exactly at the angle which his theory thought it ought to.

Then there was Tom Tibia. He had an ulcer on his shin. I couldn't make him lie still, or he would have got well. He went up to Boston with a schooner load of wood. Somebody got hold of him and took him to Dr. Cutis, a great "ulcer doctor." Tom came home well. "How happened you to get well, Tom?" "Why, when the Doctor looked at it he bust into tears, and said, 'You've come just in time to save your leg, I think. Twenty-four hours more and it would have been gone.' He put me on my bed and gave me a wash for it, and in two weeks it all healed up!"

Archibald Ames went to Boston, too. He had what he called a *thistelo*. The fact is, he had piles and pin worms; he'd scratched himself so much for the last that he'd made the first bleed, and there was always an oozing of pus about the anus. He didn't have any fistula, and the piles were of no great account. But he fell into the hands of one your specialists. He scratches and bleeds just the same as he did before Dr. Rectum took hold of him. But he's been under the care of that distinguished gentleman, and has paid him fifty dollars, for what we could have cured any time, if he'd only follow up the elixir pro. for a few days, as I long ago advised him. But then, he wouldn't have had that glass speculum put in there, and he wouldn't have heard so much talk about the rectum and mucous membrane and internal sphincter, and hæmorrhoids; and he wouldn't have paid out that fifty dollars. Cheap enough—for those who like it!

I think you're rather running this specialty business into the ground, though. It is getting so bad, that some of your men can't see a strabismus belonging to a brain disease, that they don't want to operate; nor a leucorrhœa caused by straying pin worms, that they don't want to poke a caustic into the uterus; nor a sore glans penis, caused by want of soap and water under the frenum, that they don't suspect syphilis, and give mercury. You're overdoing it, I think.

Yours truly,

RUSTICUS.

#### BROMIDE OF POTASSIUM IN REFLEX VOMITING.

GEORGETOWN, MASS., February 24, 1874.

MESSRS. EDITORS.—In the course of reading the January number of the *American Journal of the Medical Sciences*, I came across this paragraph, clipped from the *Revue Médicale*, Nov. 23, 1873:—

"Dr. Girabetti has successfully treated the obstinate vomiting of pregnancy by enemata of bromide of potassium given in increasing doses, commencing with six grammes the first day, giving eight grammes the second, and ten grammes the third; after which the dose is lessened in proportion to the effect produced. In one case, the vomitings were arrested by the treatment in three days."

Having used the identical course of treatment for a long time, I referred to my note-book, and found the following:—

Dec. 9th, 1871.—I am fully persuaded that the bromide is of the greatest utility in reflex vomiting, as that of pregnancy; and that this may be accomplished by enemata is well shown by the following cases (and I may say by all my subsequent cases).

Mrs. G. R. has vomited for seven days and nights incessantly, to the degree that even pellets of ice are violently rejected; knowing well the cause, I was forced to believe that if the reflex action of the spinal cord might be blunted, I could hope for an amelioration of the symptoms, which had now become quite urgent. Bromide of potassium suggested itself, but the utter impossibility of giving it by the mouth was only too apparent. I was forced to give it by the rectum, and with the following result. Dissolving two drachms in eight ounces of water, I gave one half at 7, P.M., and repeated the enema by using one half of the remainder, giving ninety grains in one hour. The patient vomited in ten minutes after the first dose, and never afterwards.

In four cases I have used this remedy, but not always by rectum, and have found it of great benefit, when, as in the first cases, all the best recommended remedies had failed. Other practitioners of my acquaintance have had good success with it in similar cases. I trust I am not too sanguine in considering it an important application of a valuable remedy. Before I had recourse to this, it may be well to state I had used the following drugs:—oxalate of cerium, subnitrate of bismuth, subcutaneous injections of morphia and atropia, and counter-irritation of various sorts, without avail.

RALPH C. HUSE, M.D.

#### CASSELLA'S THERMOMETER.

MEDFORD, Mass., March 9, 1874.

MESSRS. EDITORS.—Having experienced the same annoyance from the washing out of the blacking in the markings on my Casella thermometer scale complained of by "W." in your last issue, I have used shoemaker's blackball. A few rubs, with the thermometer lying on a smooth, hard surface, fills the markings, and the instrument looks as good as new; two or three days' use will, however, render a repetition necessary. Anything that will color the markings and be insoluble in the secretions of the body and the necessary amount of soap and water, will be a great addition to this invaluable companion.

Yours truly,

J. HEDENBERG.



## Medical Miscellany.

AN INTERNATIONAL PHARMACEUTICAL CONGRESS will be held at St. Petersburg in August, 1874.

A CASE OF BROMO-HYPERIDROSIS OF THE FEET has been recently reported by Dr. Grimshaw, of Dublin, in which the disease was induced by wearing vulcanized India-rubber soled slippers.

AT THE UNIVERSITY OF BERNE, there are, at present, twenty-five lady medical students, among whom are twenty-two of the Russian women, whom the last ukase forced to leave Zurich.—*Lancet*.

A LIVINGSTONE SCHOLARSHIP is to be instituted at Charing-cross Hospital as a memorial of the great traveller who acquired a part of his medical education there.—*Lancet*.

FOR A CORN ON THE TOE.—Take a black snail and roast him well in a white, wet cloth; bruise him and lay him hot to the Corn, and it will take it away in a very short time.—*Culpeper*, 1656.

DR. H. I. BOWDITCH will conclude his paper before the Boylston Medical Society, on "The History and present Prospects of Thoracentesis," tomorrow (Friday) evening, at 8 o'clock, at the Medical College. Physicians and others interested are invited.

CREMATION OF THE DEAD.—The Communal Council of Vienna has adopted, by a large majority, the proposal of one of its members to establish in the cemetery the necessary apparatus for cremation, the use of which will be optional and open to all. A similar proposition is now being agitated at Grutz, which contains a population of 100,000.

A NEW DENTAL HOSPITAL.—The new Dental Hospital, situated in Leicester Square, London, was formally opened upon the 2d of March, upon which occasion an address was delivered by Edward Sercombe, Esq., the President of the Odontological Society.

NEW SANITARIUM.—Certain advocates of the *blood cure* have decided to erect a large building in Brighton in the vicinity of the slaughter houses, to which invalids may resort for this special treatment. *Gore Hall* is suggested as the most appropriate name for the new institution.

THE prize of 500 lire (\$100) offered by the directors of *Lo Sperimentale* for the best paper published in that journal during the year 1873, has been awarded by the Medico-Physical Society of Florence to Professor Filippo Pacini, for his essay on "The Phenomena of Osmosis and the Functions of Absorption in the Animal Organism."—*The British Medical Journal*.

EMETICS BY SUBCUTANEOUS INJECTION.—The only therapeutic agents as yet known which are capable of being used as emetics by subcutaneous injection are *emetin* and *apomorphia*. The dose of the former is one-thirtieth of a grain, given in acidulated water. *Apomorphia*, which is *morphia* less an atom of water, is a speedy, safe and pleasant emetic, never acting as a local irritant. The dose (hypodermically) is from .046 to .169 of a grain.

DISCOURAGING EMOTIONAL INSANITY.—A bill to discourage emotional insanity with a homicidal tendency has been introduced into the Ohio Legislature. It provides that, where insanity is set up as the defence in cases of killing, the prisoner shall undergo a preliminary trial to decide upon the justice of his plea, and the exact measure of his accountability. If he be adjudged sane, trial will, of course, proceed in the ordinary form; but if he be found insane he is at once committed to a lunatic asylum. Pending his incarceration therein, the indictment still hangs over him, and if he recovers his senses he will undergo trial.—*Medical and Surgical Reporter*.

ROSBACH, of Wurtzburg, does not ascribe Addison's malady entirely to the morbid condition of the supra-renal capsules. In his paper on the subject, in *Virchow's Archiv*, he considers it as a neurosis of which the pathological anatomy has yet to be determined. The entire nervous system appears to be implicated, coupled, indeed, with anæmia and extreme weakness, serious psychical derangement, and darkening of the skin.—*The Doctor*.

POISONING BY CHLORAL.—Dr. J. M. Winn reports a case of poisoning by this drug, the patient being a young woman who was in the habit of using a syrup of chloral, without medical advice. On the occasion in question, she took seven teaspoonsful, equal to seventy grains, to relieve a headache. The syrup was purchased of a druggist who sold it as a domestic remedy. Dr. Winn deplors the impunity with which apothecaries sell such drugs.—*Lancet*.

LAW AND MEDICINE.—Smart young limbs of the law take great delight in puzzling a medical witness when he gets on the stand. One such was cross-examining the celebrated French chemist Orfila, and put him the question whether he could state the precise amount of arsenic requisite to kill a fly. "Certainly," replied the expert; "but I must know beforehand the age of the fly, its sex, its temperament, its condition, and habits of body, whether married or single, widow or maiden, widower or bachelor."—*Medical and Surgical Reporter*.

INFLUENCE OF THE SOIL ON THE DEVELOPMENT OF INTERMITTENT FEVERS.—A paper was lately read before the French Academy of Science on the influence of the soil in the development of intermittent fevers, and of the danger of turning up the earth in large cities. In support of his views, the writer adverted to the fact that, in 1731, after a succession of unusually dry seasons, the bed of the Seine was considerably lowered, and a great number of plants, which were lying in a state of putrefaction on the banks of the river, exhaled a foetid odor; nevertheless, there was not a single case of intermittent or other so-called malarious fever observed. In 1811, while the canal St. Martin was being dug, and in 1840, when the present fortifications were being constructed, malarious fevers were rife, which were attributed to the emanations produced by the turning up of the soil. An unusual occurrence of these fevers prevailed also in epidemic form in certain quarters of Paris during the formation of the boulevards and avenues which intersect this great city.—*Irish Hospital Gazette*.

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ERRATA.—In line 33, page 302, of the last JOURNAL, for "left" read *right*; and in line 13, page 303, for "right" read *left*. Page 310, eighth line from bottom, for "usually" read *sometimes*.

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MORTALITY IN MASSACHUSETTS.—Deaths in fifteen Cities and Towns for the week ending March 21, 1874.

Boston, 133; Worcester, 22; Lowell, 24; Milford, 5; Chelsea, 6; Cambridge, 13; Salem, 8; Springfield, 7; Lynn, 10; Gloucester, 2; Fitchburg, 3; Taunton, 3; Newburyport, 6; Somerville, 7; Fall River, 11. Total, 260.

Prevalent Diseases.—Consumption, 55; scarlet fever, 21; pneumonia, 19.

GEORGE DERBY, M.D.,  
Secretary of the State Board of Health.

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DEATHS IN BOSTON for the week ending Saturday, March 28th. 153. Males, 77; females, 76. Accident, 2; abscess, 1; apoplexy, 3; anæmia, 1; inflammation of the bowels, 1; disease of the bowels, 2; bronchitis, 5; inflammation of the brain, 1; congestion of the brain, 4; disease of the brain, 1; cancer, 2; cerebro-spinal meningitis, 1; cholera infantum, 1; cyanosis, 1; consumption, 30; convulsions, 6; croup, 1; debility, 1; dropsy of the brain, 1; epilepsy, 2; scarlet fever, 14; typhoid fever, 2; gastritis, 1; disease of the heart, 6; hernia, 1; disease of the kidneys, 3; disease of the liver, 3; congestion of the lungs, 3; inflammation of the lungs, 12; marasmus, 14; old age, 3; paralysis, 1; pleurisy, 1; premature birth, 2; pyæmia, 1; pulmonary apoplexy, 1; puerperal disease, 3; rheumatism, 1; spina bifida, 1; whooping cough, 3.

Under 5 years of age, 66; between 5 and 20 years, 17; between 20 and 40 years, 32; between 40 and 60 years, 17; over 60 years, 21. Born in the United States, 118; Ireland 21; other places, 14.